

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101594945

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		10				
6		5				
7		10				
8		10				
9		10				
10		10				
11		10				
12	1					
13		1				
14		1				
15		3				
16		13				
17		3				
18	1					
19		1				
20		1				
21		3				
22		13				
23		3				
24	1					
25		1				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						